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ABSTRACT

Prepared by an English instructor and a reading supervisor from ideas suggested by an advisory committee of teachers, this compilation of learning activities is designed for use by language arts teachers to supplement the curriculum resource handbook, "Learning Laboratories for Unemployed, Cut-of-School Youth" (ED 047 273). The 19 activities, which are intended to orient the disadvantaged student to the world of work, emphasize such topics as nonverbal ccmmunication, writing skills, speech patterns, and completing job application forms. Each activity contains these components: (1) reference to the communication skills section of the curriculum resource handbook, (2) objective, (3) teaching procedure, (4) evaluation suggestions, and (5) student worksheets which may be duplicated and/or used for transparencies. An intrcductory section provides further suggestions for the teacher, including the recommendation that learning activities be organized in short, achievable units which can be gradually increased when the students' attention span, interest, and work habits improve. A related publication is available as VT 015 447 in this issue. (SB)

ED 063478

LEARNING LABORATORIES

or unemployed, out-of-school youth

Communication Skills

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VT 015 446

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1972

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FOREWORD

Since their distribution in 1970, the publication entitled *Learning Laboratories For Unemployed, Out-Of-School Youth* and the accompanying sound filmstrip, *Odds On Tomorrow*, have proven to be extremely valuable resources for instructors in various adult education programs. Their wide use has generated a need for supplementary, student-oriented materials which could be used to extend or reinforce the skills, concepts, and understandings which the program seeks to develop. In response to this need, an advisory committee of teachers, representing a cross section of disciplines, was asked to contribute ideas for augmenting the teaching strategies outlined in the handbook and illustrated in the filmstrip. This committee was chaired by William B. Hemmer, formerly associate in the Bureau of Continuing Education Curriculum Development, presently assistant professor, State University College at Brockport.

Using this initial input, R. Allan Sholtes, English instructor, Guilderland Central Schools, and Virginia A. Rovelli, reading supervisor, Ballston Spa Public Schools, developed a series of learning activities and ancillary learning exercises which reflect the persistent life problems facing the average unemployed, out-of-school youth. James C. Crabtree, associate, Bureau of English Education reviewed the manuscript and made a number of pertinent suggestions.

The final writing and the preparation of the manuscript for publication was completed under the direction of George K. Tregaskis, associate, Bureau of Continuing Education Curriculum Development.

The development and printing of this publication were funded through Title I, Elementary and Secondary Education Act.

HERBERT BOTHAMLEY, *Chief*
Bureau of Continuing Education Curriculum Development

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USE OF MATERIALS IN THIS PUBLICATION

The intent of this publication is to suggest learning activities which would supplement those found in the curriculum resource handbook *Learning Laboratories for Unemployed, Out-of-School Youth.* This particular compilation of learning activities is designed for use by the language arts instructor. Some of the activities refer directly to lessons suggested in the Curriculum for Communications Skills sections of the curriculum resource handbook. Many of the activities involve a combination of skills and reference to the handbook is made merely for the sake of convenience. The procedures in the handbook are grouped under the major headings of "Writing," "Reading," and "Speaking and Listening." These headings indicate which skill is being emphasized. It is expected that learning in the other three related modes of communication will be occurring concomitantly.

The content of this phase of the program must be kept extremely practical. All the activities should be relevant to the experiences and aspirations of the students. The instructor must realize that what appeals to him or even students from other environments may be quite different from what is of immediate interest to the disadvantaged student.

The program should be oriented to the world of work since the disadvantaged pupil is job-conscious and interested in gaining economic stability as expediently as possible. All text materials must fit the reading levels, interests, special backgrounds, and vocabulary of the students.

Learning activities should be organized in short, achievable units. This brevity facilitates mastery and a sense of accomplishment for the students. The length of the lesson should be increased gradually only as the students' attention span, interest, and work habits improve. The curriculum must have elements of success built into it. Encouragement from the instructor, peer approval, community support and recognition, combined with experiences in problem solving will help the students acquire positive self-images.

Single copies of worksheets to be used by the students are provided. These worksheets may be duplicated for classroom distribution by first making a thermal master of them or simply by xeroxing. In addition, they are suitable for thermal copying as a means of making overhead projector transparencies.

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LEARNING ACTIVITY 1: NONVERBAL COMMUNICATIONS

Reference: Curriculum Resource Handbook, p. 20

OBJECTIVE

To communicate nonverbally through gestures and facial expressions

TECHNIQUE

In Learning Exercise 1, direct students to study the examples of nonverbal communications and to write in the space below each picture the message that is being communicated or the emotion that is being expressed. After allowing sufficient time to do this, discuss their reactions. This may be followed by further discussion of other examples of nonverbal communication that students have experienced in their everyday lives. Examples might be a policeman's hand signals, an umpire's signals at a ballgame, or children's gestures at the playground. Have individual students act out these and others they may think of while the remainder of the class reads the communication.

It is intended that this introduction to nonverbal communication will lead to a discussion of those instances in the experiences of students when they have, through nonverbal means, been insulted, encouraged, given directions, etc. Perhaps there have been instances when this kind of communication has led to misunderstandings. The class may wish to explore the possibility that certain gestures may have different meanings in different cultures.

EVALUATION

Evaluate the students' ability to communicate nonverbally by:

- Checking their identifications on a copy of Learning Exercise 1
- Listening closely to their comments made in the class discussion and their participation, if any, in acting out gestures and facial expressions
- Noting their awareness that the common gestures and facial expressions they use in their everyday experiences are means of communication

NOTES

LEARNING EXERCISE 1

GESTURES

One person can say things to another person without actually speaking. This can be done by using gestures (hand signals), or facial expressions, or both. Below are pictures of persons saying things without speaking. In the blank below each picture, write what message or thoughts you think are being communicated.

1.

2.

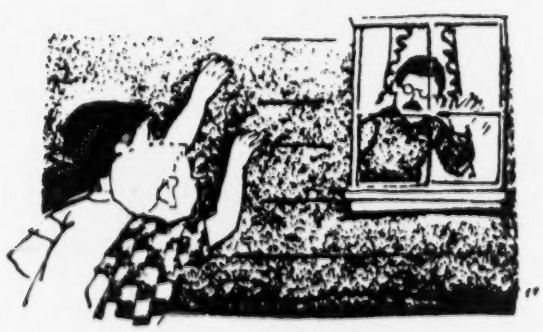
3.

4.

5.

6

7.



LEARNING ACTIVITY 2: PRINTING AND WRITING LEGIBLY

Reference: Curriculum Resource Handbook, pp. 21-26

OBJECTIVE

To print and write legibly at a moderate speed

TECHNIQUE

Because the information requested on applications and information forms is vital, it is imperative that it be presented clearly. Many such forms include a statement to the effect that once the form is signed, the signature attests that all information given is correct and accurate. Should the information on the form be misread or misunderstood because of poor printing or writing, the form could be voided or the desired result delayed.

In addition, the appearance of the form often leads the reader to a judgment about the individual who fills it out. Should this judgment be an undesirable one, the form may then be acted upon unfavorably.

Learning Exercises 2a and 2b provide an opportunity for those students who have difficulty printing and writing legibly to practice doing so. For those who have no difficulty, the exercise should be avoided.

EVALUATION

Note if the students:

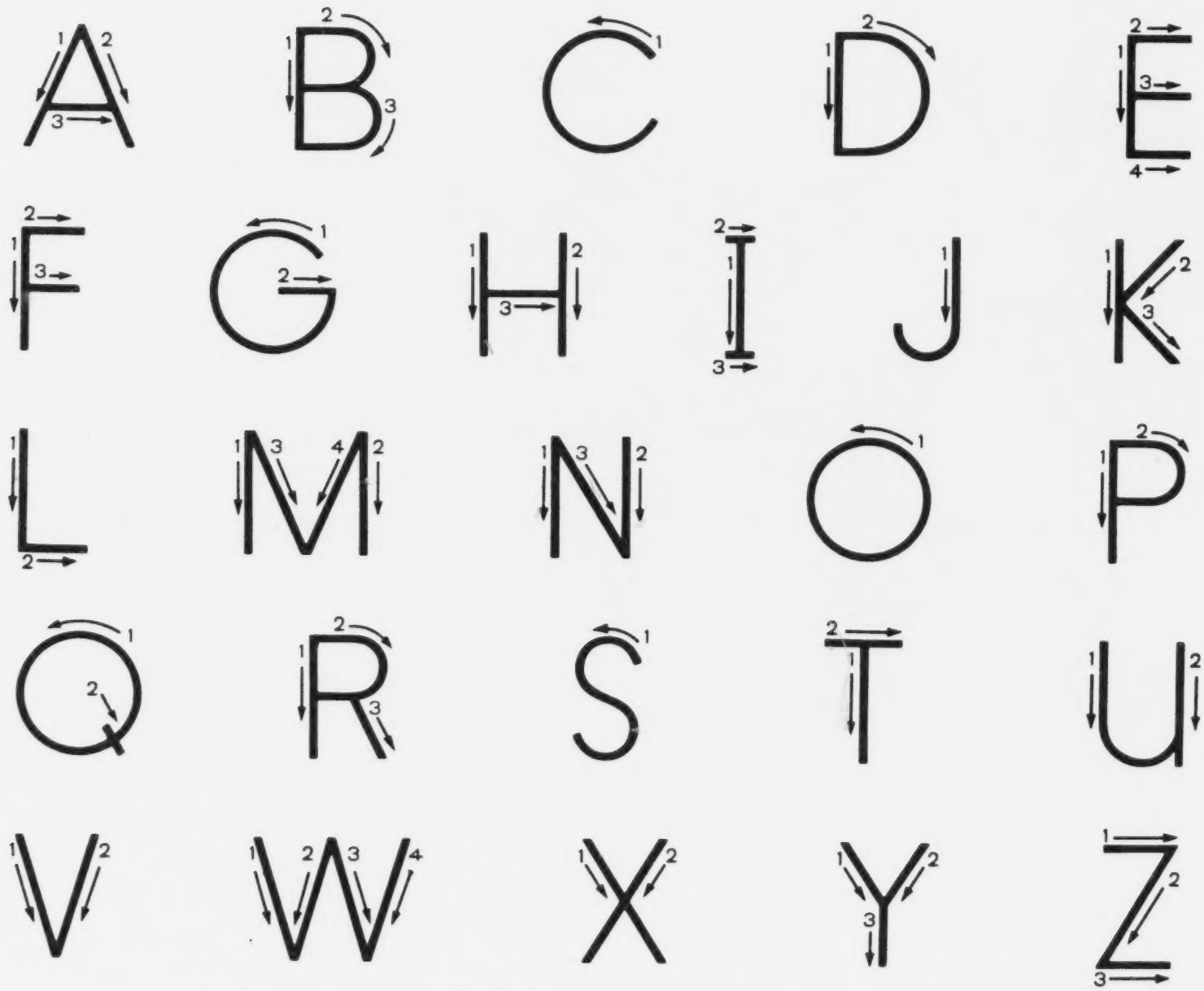
- Form all upper and lower case letters, both manuscript and cursive, correctly and of uniform size
- Can print and write at a moderate pace (20-30 words per minute)

NOTES

LEARNING EXERCISE 2a

PRINT IT

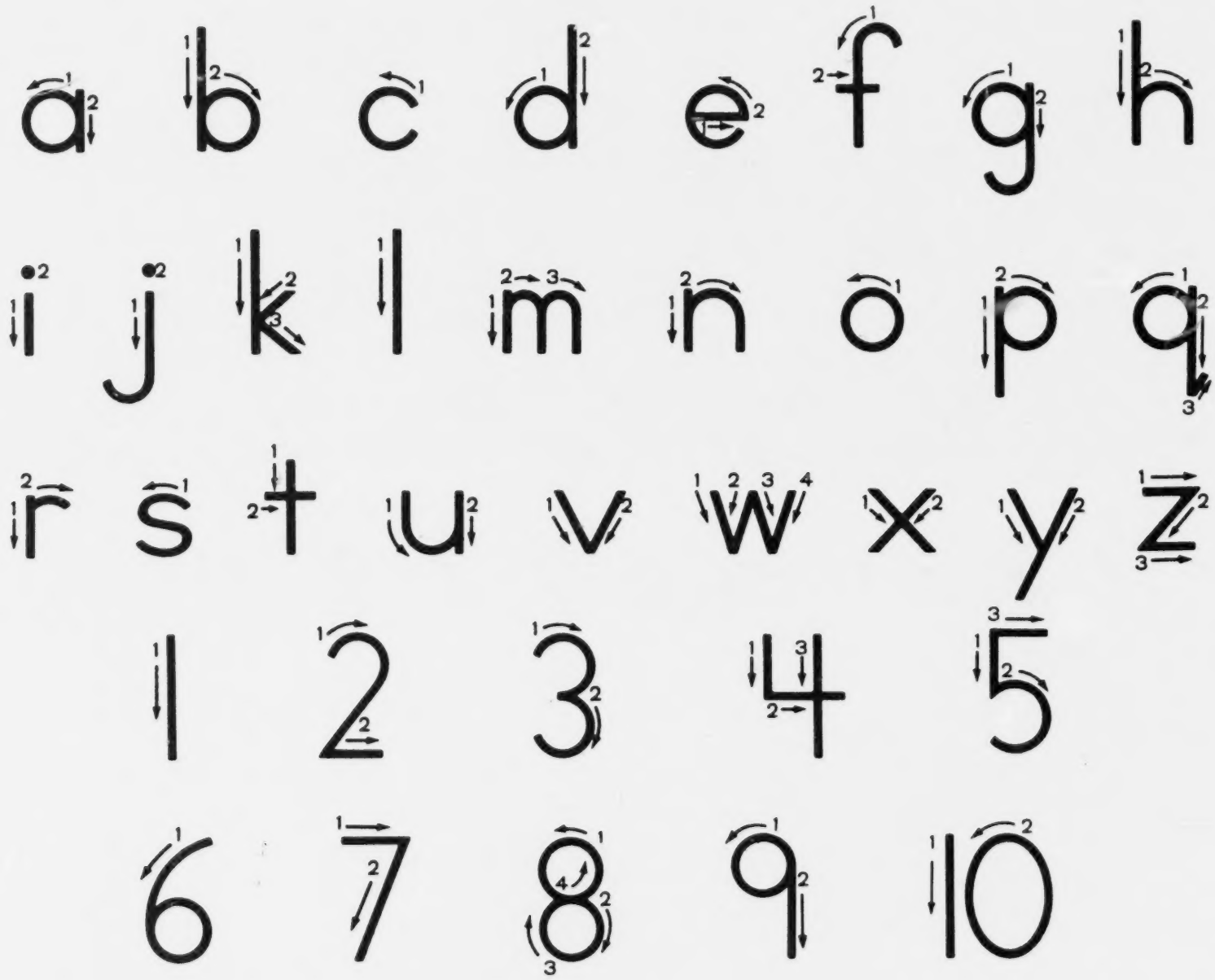
On a separate sheet of paper, reproduce the following letters clearly. The arrows indicate the manner and order in which the hand movements should be made.



LEARNING EXERCISE 2a

PRINT IT

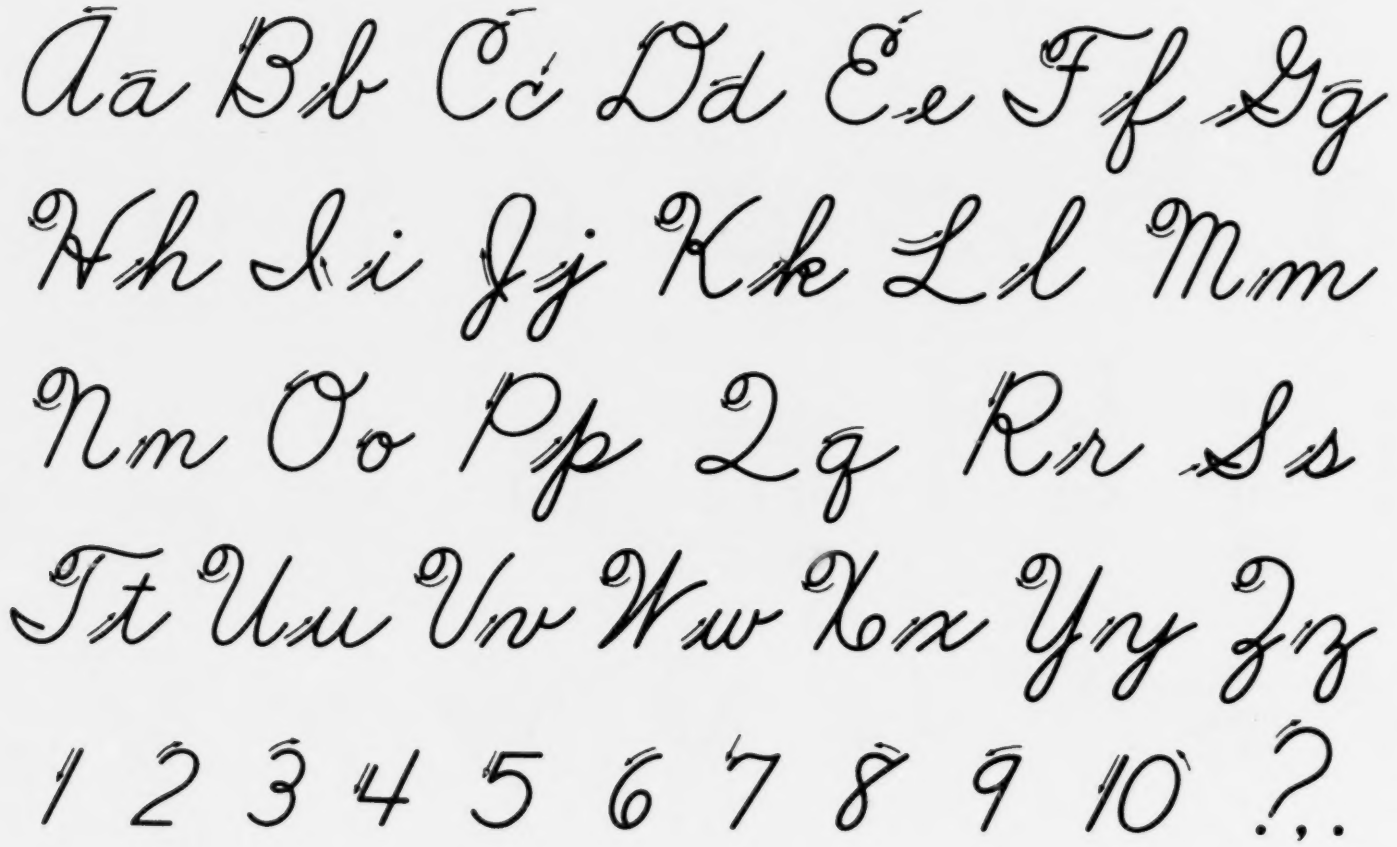
On a separate sheet of paper, reproduce the following letters clearly. The arrows indicate the manner and order in which the hand movements should be made.



LEARNING EXERCISE 2b

WRITE IT

On a separate sheet of paper, reproduce the following letters clearly. The arrows indicate the manner in which the hand movements should be made.



LEARNING ACTIVITY 3: RECOGNIZING STANDAPD ENGLISH USAGE

Reference: Curriculum Resource Handbook, pp. 21-26

OBJECTIVE

To be able to recognize and use standard English

TECHNIQUE

During the second or third week of the program, begin students on Learning Exercise 3. Allow students ample time to work through the sample journal entry, making any changes they feel are needed and rewriting the paragraph in the space provided. When this has been done, go over the original paragraph with the class, perhaps projecting it on a screen while students follow on their copy of the exercise, or collect the paragraphs and personally read each. How much changing is done and how extensively standard written English is reviewed will depend on the skills the class possesses.

EVALUATION

The students' knowledge of and proficiency in the use of standard written English can be evaluated either through the class response or by reading the individual paragraphs, whichever suggested learning activity is followed.

Following the written activity on Learning Exercise 3 are other suggested journal topics for succeeding writing assignments.

NOTES

LEARNING EXERCISE 3

REVISING JOURNAL ENTRIES

Below is an example of a journal entry that will give you an idea of the kind of writing you will be doing in your journal. Read the entry to yourself, then rewrite it in the space below, changing inappropriate words or phrases when necessary.

May 25 - I start my new school today. I hope this school is better from the one I quite in 8 grade. Man that place really buged me everybody giving orders and won't listen to what I got to say. I hope this is different. I really want to learn something so I can get a good job and feed my family good.

Examples of non-standard expressions are:

"better FROM the one" should ordinarily be "better THAN the one"

QUITE should be QUIT because the words differ in meaning and spelling.

Suggested journal topics for the weeks to follow are:

FIRST WEEK - One Event in My Life That Has Changed Me

SECOND WEEK - The Kind of Job I'd Like to Have

THIRD WEEK - What I'd Be Willing to Fight For

FOURTH WEEK - My Kind of Music

FIFTH WEEK - A story about anything; make your opening sentence one that will make the reader want to keep on reading your story.

Your instructor will tell you when these assignments are due, or when you will be working on them in class.

LEARNING ACTIVITY 4: SPEECH PATTERNS AND WHAT THEY SUGGEST

Reference: Curriculum Resource Handbook, pp. 27-35

OBJECTIVES

- To realize that a manner of speech connotes something about the speaker
- To provide motivation for speech improvement

TECHNIQUE

Play a tape or a record of a reading by a well-known person — one in which the pronunciation is very clear and distinct. After the students have listened to it, let them express their thoughts about the reader.

- What kind of education does he have?
- What might be his job?
- What might be his income?
- What might be his social standing?
- Are there any other impressions you get about the reader?

Once the students have been given an opportunity to react to the presentation, ask them how they got their impressions. This will bring out the point that speech does create impressions about the speaker, and sometimes opinions about him are formed because of the way he speaks.

EVALUATION

The students' participation in the discussion following the presentation will be an indication of their awareness of this phenomenon. A long-range evaluation would be to note whether or not any changes occur in the students' speech.

NOTES

RESOURCE MATERIAL

The following records and cassettes would be suitable for Learning Activity 4:

- From: Guidance Research Associates
  Pleasantville, New York 10570

  The World of Mark Twain
  Streets, Prairies and Valleys: The Life of Carl Sandburg
  Ernest Hemingway, the Writer
  Why Work At All
  Trouble At Work
  A Job That Goes Someplace
  Liking Your Job and Your Life
  The Tuned-Out Generation
  The Accomplished Generation

- From: Enrichment Materials, Inc.
  246 5th Avenue
  New York, New York

  World Landmarks

- From: American Foundation for Continuing Education
  19 South LaSalle Street
  Chicago, Illinois

  Democracy in America

- From: Alpha Corporation of America
  520 North Michigan Avenue
  Chicago, Illinois 60611

  The Black American
  (6 filmstrips and records)

- From: National Council of Teachers of English
  1111 Kenyon Road
  Urbana, Illinois 61801

  Americans Speaking
  (a dialect recording)

LEARNING ACTIVITY 5: PERSONAL SPEECH HABITS

Reference: Curriculum Resource Handbook, pp. 27-35

OBJECTIVES

- To enable students to evaluate their own speech habits
- To provide motivation for speech improvement

TECHNIQUE

Seat students in an arrangement conducive to discussion. Distribute copies of Learning Exercise 5a and encourage the students to react to either the letter, the graph, or the cartoon. Discussion might also be stimulated by introducing a topic that students will discuss openly and freely, such as:

- I think my employer should pay me more.
- What I like and don't like about this program.
- I can't get the kind of job I want.

Tape the discussions on a recorder that is not hidden but is in an inconspicuous place where it will not discourage participation by even the most introverted. After the discussions, play the tape for the students. Ask each student to listen closely to how he speaks, and to evaluate himself. Learning Exercise 5b may be completed as a personal self-evaluation.

EVALUATION

Immediate evaluation of this activity can be gained by noting the degree to which students participate in the self-analysis and self-criticism of their speech. A similar taping session during the last week of the program might reveal changes in personal speech habits.

NOTES

LEARNING EXERCISE 5a

DISCUSSION STARTERS

A Newspapers often print letters asking questions like this.

Ask Me by Aunt Alice Andrews

What's your problem? You'll feel better if you get it off your chest. Write to AUNT ALICE, Promotion Department, Albany Daily News, Albany, N.Y. 12224. For a personal reply enclose a stamped, addressed envelope.

DEAR AUNT ALICE:

How can a person keep from looking stupid all the time?

I am a junior in high school and I'm sick and tired of looking stupid. What I mean is that lots of times, especially when there are people around, I want to do something and think I can't. I'm afraid everybody will laugh. Then I will feel stupid. Sometimes I really want to do this thing, but I don't, so that I won't look stupid.

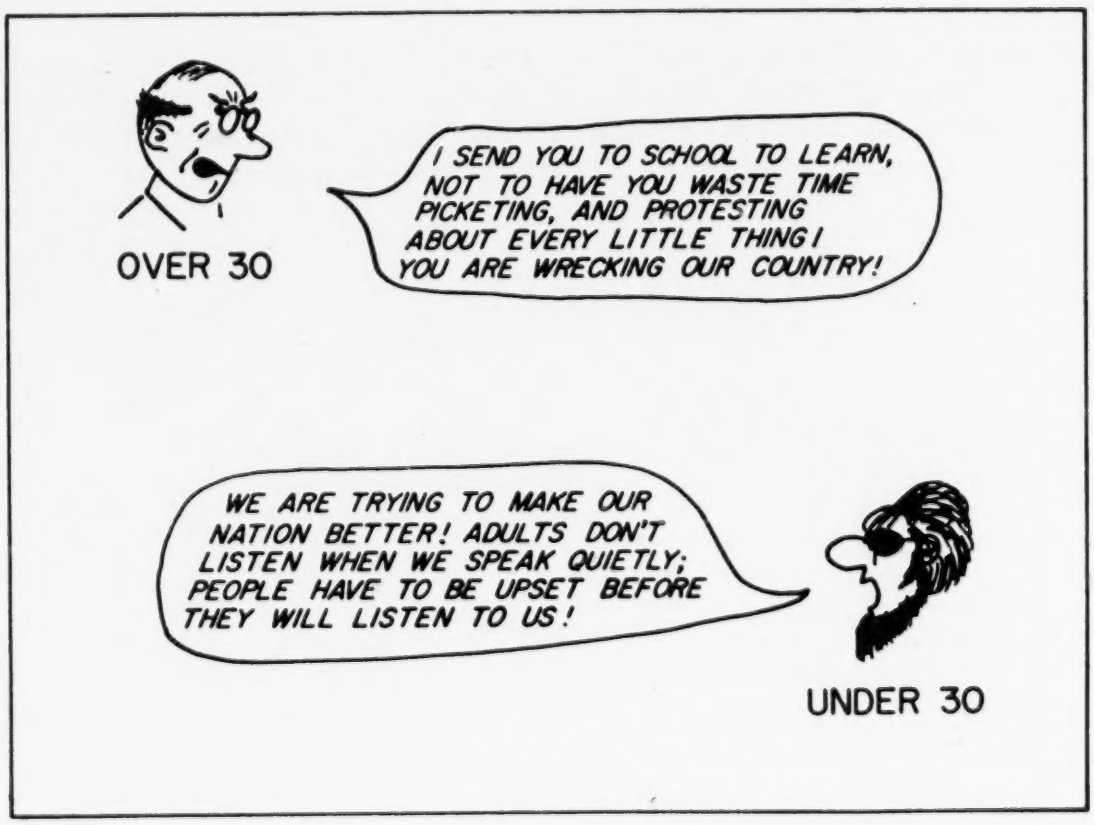
B A recent company advertisement showed figures like these:

Know your enemies.

Number of Americans killed in various kinds of violence.

YEAR	MURDERS	VIETNAM	DRUNK DRIVERS
1967	12,100	9,400	23,600
1968	13,700	14,600	25,000
1969	15,000	9,400	35,000

C A cartoon.


OVER 30
I SEND YOU TO SCHOOL TO LEARN, NOT TO HAVE YOU WASTE TIME PICKETING, AND PROTESTING ABOUT EVERY LITTLE THING! YOU ARE WRECKING OUR COUNTRY!
WE ARE TRYING TO MAKE OUR NATION BETTER! ADULTS DON'T LISTEN WHEN WE SPEAK QUIETLY; PEOPLE HAVE TO BE UPSET BEFORE THEY WILL LISTEN TO US!
UNDER 30

LEARNING EXERCISE 5b

ANALYZING PERSONAL SPEECH HABITS

After listening to the tape of the class discussion and, in particular, to your own voice, you may wish to complete the following sentences as a way of rating yourself. You need not share your ratings with anyone if you don't want to. Circle your choice of endings.

My speaking voice is

too loud just right too soft

When saying words like "drinking," the "ing" sound is

clearly heard mumbled not heard at all

When talking with others, I

interrupt wait until others are finished before I speak

During discussions, I

talk too much talk occasionally talk too little

When others in the discussion group are speaking, I

listen closely listen occasionally don't listen at all

I speak

too rapidly at a normal rate too slowly

When I speak, I use "ah," "um," and other such expressions

not at all occasionally too often

My pronounciation of short words such as "a," "the," "this" is

clear not easily heard not clear

LEARNING ACTIVITY 6: AUDITORY MEMORY

Reference: Curriculum Resource Handbook, pp. 27-35

OBJECTIVE

To reinforce listening skills

TECHNIQUE

Instruct students to have before them a pencil and some paper and to listen closely to what you are going to read. Speaking clearly and at a normal rate, read a list of names or numbers; for example, *Frank, Mary, Joe, Tom, Alice, Pete,* or *6, 7, 2, 9, 8, 1.* Then ask students to write down what they heard. Tell them not to be concerned if they are unable to spell the word but to concentrate on remembering and recording the correct series. Repeat the exercise several times, varying the approach, sometimes using letters or sometimes using combinations of numbers, names, and letters. Checking each response before going on to the next series of numbers or letters will provide an immediate feedback regarding the students' auditory memory; the number of stimuli presented should be increased or decreased accordingly.

A followup exercise for a later session might be to read to students a paragraph containing directions, and note their ability to follow them.

EVALUATION

Student listening skills can be evaluated by checking the accuracy of their answer sheets.

NOTES

LEARNING EXERCISE 6

LISTENING - REMEMBERING

Examples of series of stimuli to be read to students:

1. 430
2. 6918
3. 5A26B
4. UB2 - 6610; 1 - 518 - 474 - 5917
5. 1 Sprite, 1 coke, 2 hamburgers, and 1 french fries
6. East 66th, East 42d, and West 23d
7. Maryland, Delaware, Texas, California, and Maine
8. 8:10 am, and 2:30 and 5:05 pm
9. Lynn Fox, Bob Sullivan, and Joe Carlton
10. Clockwise twice to 16, counterclockwise once to 9, and clockwise to 27. (Preface with, "This is the combination to a lock.")

Example of direction-following paragraph to be read to the student:

(Student should be provided with 8 1/2 x 11-inch piece of paper, but instructed not to do anything with it until you have completed giving all the directions.)

Fold the paper in half horizontally, and again in half vertically. Open the paper, and in the upper right hand rectangle, print your initials. In the lower left hand rectangle, write your address.

LEARNING ACTIVITY 7: INFERRED MEANINGS

Reference: Curriculum Resource Handbook, pp. 27-34

OBJECTIVES

- To reinforce listening skills
- To interpret statements that are incomplete, yet have inferred meanings
- To recognize that understanding of the inferences is necessary for effective communication

TECHNIQUE

Distribute copies of Learning Exercise 7. Have the students read each situation and then write what they think the quotation means, even though the quote is not a complete statement. During the class discussion which follows the completion of the exercise, students should be encouraged to bring out as many such examples from their everyday speech as they can recall. Many of these will involve slang and language variants that are peculiar to their age and their neighborhood.

EVALUATION

How thoroughly and accurately the students complete Learning Exercise 7, and how many examples they offer from their experiences will serve as a basis for evaluation.

NOTES

LEARNING EXERCISE 7

COMPLETE THE MEANING

Situation 1: A man walks into a barbershop and says to the barber, "Light on top. Close on the sides." What does he mean?

Situation 2: You hear the waitress in the diner shout, "Ham and Swiss on white, to go!" What does she mean?

Situation 3: The baseball announcer says, "Two down, one to go." What does he mean?

Situation 4: What does this conversation between two teenagers mean?
"Splitting?"
"Yeah, man, riding out!"
"Fuzz on you?"
"Never happen."

LEARNING ACTIVITY 8: NAMING VISUAL IMAGES

Reference: Curriculum Resource Handbook, pp. 19-20

OBJECTIVES

- To communicate with photographs
- To observe and identify visual images
- To realize that man has given names to everything in his experiences

TECHNIQUE

This activity may be used in various ways depending on the equipment available. Assign a Polaroid camera to a team of three students. Instruct each team to take three pictures of interesting things on the street. This will enable each student to have a print of a city scene. Have students tape them to the exercises. Students can then complete Learning Exercise 8. These photographed activities may be adapted to journal use.

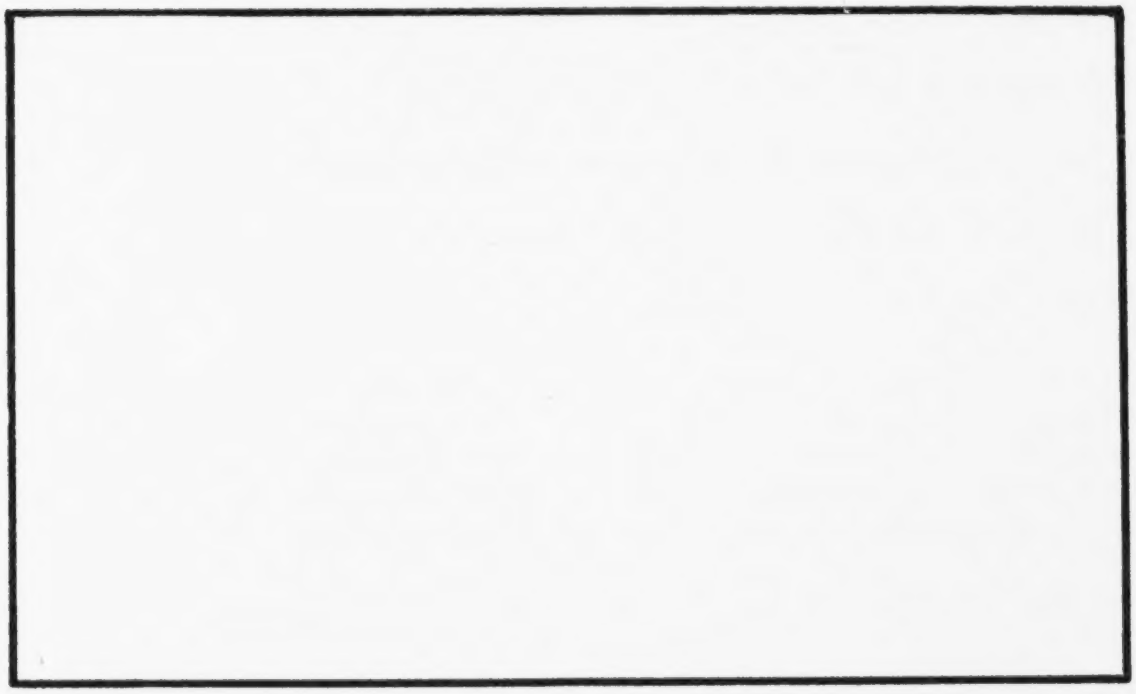
EVALUATION

The success of this activity can be determined by how observant the students are and whether or not they are able to describe everything they see. You may also evaluate to what degree the students became involved in "capturing their environment" on film.

NOTES

LEARNING EXERCISE 8

NAME WHAT YOU SEE



In the spaces below, name all the things you see in the photograph. If there are more than one of the same thing, such as houses, name it only once. Do not use more than *two* words to name one object.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LEARNING ACTIVITY 9: COMPARING OPPOSITES

Reference: Curriculum Resource Handbook, pp. 21-26

OBJECTIVES

- To communicate with photcgraphs
- To observe and identify visual imagery.
- To recognize and discriminate between opposites
- To write observations in sentence form

TECHNIQUES

Assign students in teams of three using Polaroid cameras, as described in Learning Exercise 8, to take photos of opposites, i.e. nice neighborhood, slum; old house, new house; young boy, old man; etc. Have them tape the photos to Learning Exercise 9. Using Learning Exercise 9, have students supply, in sentences, as many opposites as possible. For example:

The man is <u>old</u>. The boy is <u>young</u>.

The man's skin is <u>wrinkled</u>. The boy's skin is <u>smooth</u>.

EVALUATION

- Check the sentences to determine if they describe opposites.
- Check the number and length of sentences.

NOTES

LEARNING EXERCISE 9

COMPARING OPPOSITES

Photo 1 Photo 2

Write sentences that show those things that are opposite in the pictures.

LEARNING ACTIVITY 10: OBSERVING AND WRITING

Reference: Curriculum Resource Handbook, pp. 21-26

OBJECTIVES

- To reinforce ability to observe
- To communicate using photographs
- To write in complete sentences

TECHNIQUES

Have camera team take two photos of the same situation or scene. Instruct them to rearrange furniture or surroundings in the second picture in an attempt to deceive the viewer. Have students exchange photos, tape them to a copy of Learning Exercise 10, and follow the directions given for the exercise.

EVALUATION

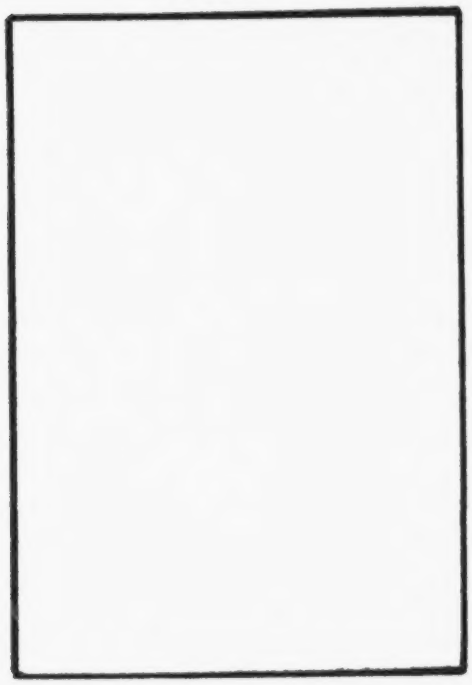
The students' powers of observation and their writing ability can be evaluated by reading their sentences and noting the differences they found.

NOTES

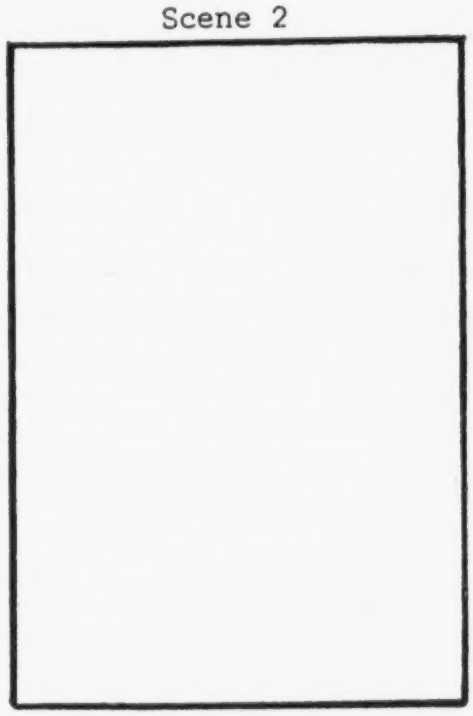
LEARNING EXERCISE 10

DESCRIBING DIFFERENCES

Scene 1



Scene 2



Write sentences explaining what is different in Scene 2.

LEARNING ACTIVITY 11: ORIGINAL WRITING

Reference: Curriculum Resource Handbook, pp. 21-26

OBJECTIVES

- To respond in writing to a visual image
- To communicate using photographs

TECHNIQUE

Have camera teams take photos of crowds at ballgames, dances, downtown areas, shopping areas, and similar places. Have students exchange finished photos, tape them to a copy of Learning Exercise 11, and follow the directions for that exercise. Because students may reveal their personalities in this assignment, this activity might suggest good journal topics.

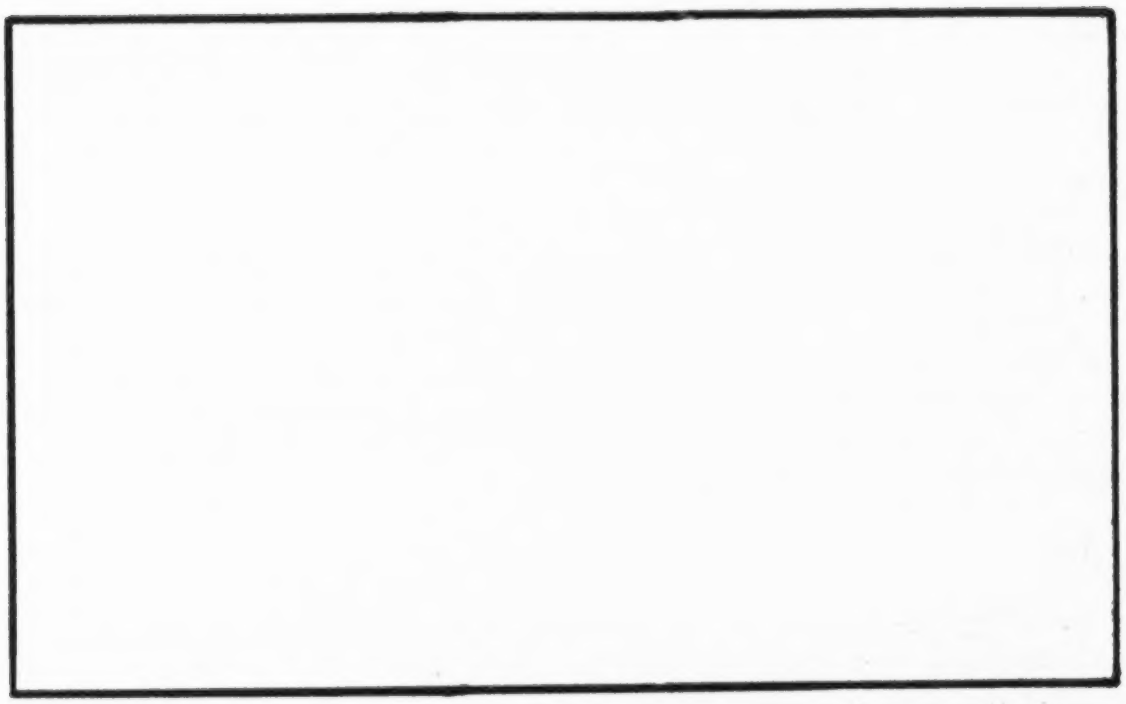
EVALUATION

By reading each exercise, the teacher can evaluate the students' original writing abilities.

NOTES

LEARNING EXERCISE 11

I WAS THERE!



Select one face from this group, and pretend you are that person. Identify yourself. Write about yourself, telling why you are there, what you are thinking about, and anything else you want us to know about yourself.

LEARNING ACTIVITY 12: OBSERVING AND REPORTING

Reference: Curriculum Resource Handbook, pp. 21-34

OBJECTIVE

To observe critically and report observations accurately

TECHNIQUE

Briefly display a transparency of Learning Exercise 12a on an overhead projector. Have students imagine that they witnessed the accident and now have to give a description to police officials. They will do this on Learning Exercise 12b. Tell them to stop after their rough copy is finished; read it over to verify corrections of spelling and punctuation, and accuracy and completeness of reporting; then write a final copy. Journal groups could make suggestions after the rough copy.

EVALUATION

By reading the accounts of the accident, both the rough drafts and the final drafts, the teacher may evaluate both the critical observations of the students and the improvement in their writing abilities. If the accounts are read aloud in class, the students may also wish to identify any statements that are speculative — such as: "The car was going 70 m.p.h."

LEARNING EXERCISE 12a

BE A WITNESS

LEARNING EXERCISE 12b

BE A WITNESS

DIRECTIONS: You were the only witness to the accident shown on Learning Exercise 12a. Using five sentences, in addition to the one below, describe what happened. After writing your rough draft, check it for accuracy.

ROUGH DRAFT

I was walking along the shoulder of the road when I heard a car squealing around the corner. _____

_____

_____

_____

_____

_____

FINAL DRAFT

_____

_____

_____

_____

_____

_____

_____

_____

_____

LEARNING ACTIVITY 13: WRITING ABOUT VICARIOUS EXPERIENCES

Reference: Curriculum Resource Handbook, pp. 21-34

OBJECTIVE

To put oneself in a fictitious situation and write about it

TECHNIQUE

Display a transparency of Learning Exercise 12a on the overhead projector. Ask students to imagine that they were in that car a moment ago. Have them write a description of the events leading up to the accident. Leave the transparency on the projector while the students write. Have them write a final copy as in the previous exercise. Journal groups could review the rough copies and make suggestions for the final copies.

EVALUATION

The students' original writing abilities can be evaluated by the instructor reading each student's account.

NOTES

LEARNING EXERCISE 13

THE WAY IT HAPPENED

You were in this car a moment ago. Using five sentences or more, describe what happened.

ROUGH DRAFT

FINAL DRAFT

LEARNING ACTIVITY 14: WRITTEN RESPONSE TO PICTURES

Reference: Curriculum Resource Handbook, pp. 21-34

OBJECTIVES

- To communicate using photographs
- To extend this communication by writing

TECHNIQUE

Student camera teams should be assigned to take photos that others will write about. The following, Learning Exercise 14, can be prepared by the students themselves. Responses to their free-lance photos, taped to the sheets in addition to directions, make interesting writing assignments. Newspapers and magazine pictures may also be used.

Assign a student or camera team to take slides for writing purposes. Select an interesting slide and project it. Direct students to respond to the slide in rough draft form. Ask them to revise and correct their rough drafts, then rewrite them. Compare writing to show different interpretations. Have students arrange comparison photo situations, paste them in, exchange sheets, then write them up.

EVALUATION

The success of this activity can be determined by the extent to which students:

- Show improvement and creativity in techniques of photography
- Show general improvement in writing skills
- Show increased care in preparing their final draft

NOTES

LEARNING EXERCISE 14

DESCRIPTIVE WRITING

Photo

ROUGH DRAFT

FINAL DRAFT

LEARNING ACTIVITY 15: FOLLOWING WRITTEN DIRECTIONS

Reference: Curriculum Resource Handbook, p. 42

OBJECTIVE

To follow written directions correctly

TECHNIQUE

Instruct students to do Learning Exercise 15 independently as a class exercise. Give no other instructions except that this is an exercise in following directions and that they must do it independently with no help from you.

Some students will follow the directions and do the exercise correctly, others will not. This will give you the opportunity to strongly emphasize the need to follow directions closely. Point out that this is very important, not because they will be doing exercises such as this one, but because it is critical to fill out job applications, driver's licenses, loan applications, and other forms accurately. This exercise may be correlated with the section in the Curriculum Resource Handbook related to filling out forms. (p. 25 of the Curriculum Resource Handbook)

EVALUATION

Each student's ability to follow directions can best be evaluated by:

- Noting whether or not they followed directions on Learning Exercise 15
- Noting how accurately they are able to fill out applications in subsequent lessons
- Noting how well they follow directions during subsequent class sessions

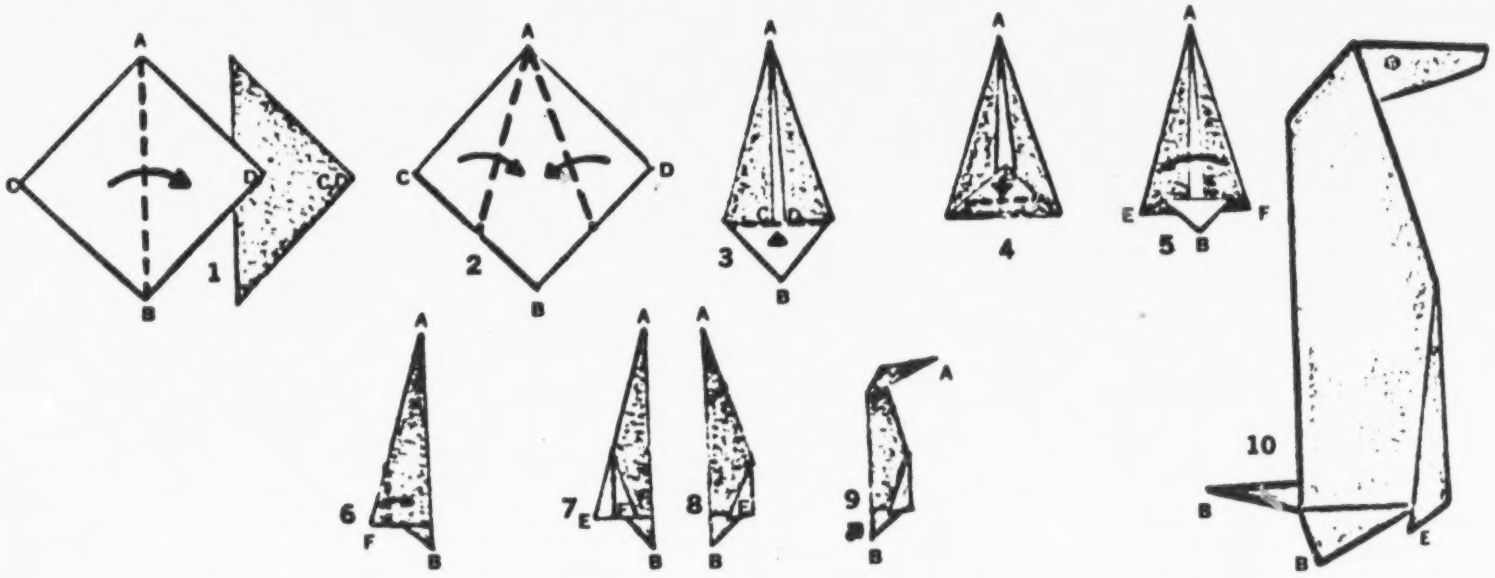
NOTES

LEARNING EXERCISE 15

PAPER FOLDING

Follow the directions for making a penguin by folding a square piece of paper as follows:

STEP 1. Fold and crease along dotted line so point C rests on point D. Unfold.
STEP 2. Fold and crease along dotted lines so points C and D meet in the center.
STEP 3. Fold point B up along dotted line. Make sharp crease.
STEP 4. Fold point B down along dotted line. Make sharp crease.
STEP 5. Fold and crease along dotted line so point F rests on point E.
STEP 6. Fold point F over along dotted line to make the penguin's foot. Make sharp crease.
STEP 7. Turn form over. Fold point E to match other foot of penguin. Make sharp crease.
STEP 8. Fold point A down along dotted line to make the penguin's head. Fold toward front slant line and then toward back. Make sharp creases on both sides.
STEP 9. Unfold so head points up again. Separate folds of head, and push head gently between the crease marks. You have now made a reverse fold. Press the folds to make the creases sharp, so head will stay in place. Cut along dotted line to separate penguin's tail. Fold flaps back and crease so penguin will stand.
STEP 10. Make the eyes to complete the penguin.



LEARNING ACTIVITY 16: MAP READING

Reference: Curriculum Resource Handbook, p. 42

OBJECTIVE

To use a map and its key correctly

TECHNIQUE

Distribute copies of Learning Exercise 16 (3 pages) and direct students to answer the questions by referring to the map. Go over the directions and key with each student, helping him in whatever way is necessary for understanding. Students may wish to work together on this exercise. This exercise can be followed by having individual students give their classmates oral directions on how to get from one location to another; for example, from the school to the nearest bank or theatre.

EVALUATION

Evaluate each student's ability to follow directions by:

- Noting whether or not the student utilizes the cardinal directions and the legend on a map.
- Noting whether or not he answered the map questions correctly
- Noting how well he could give and follow oral directions

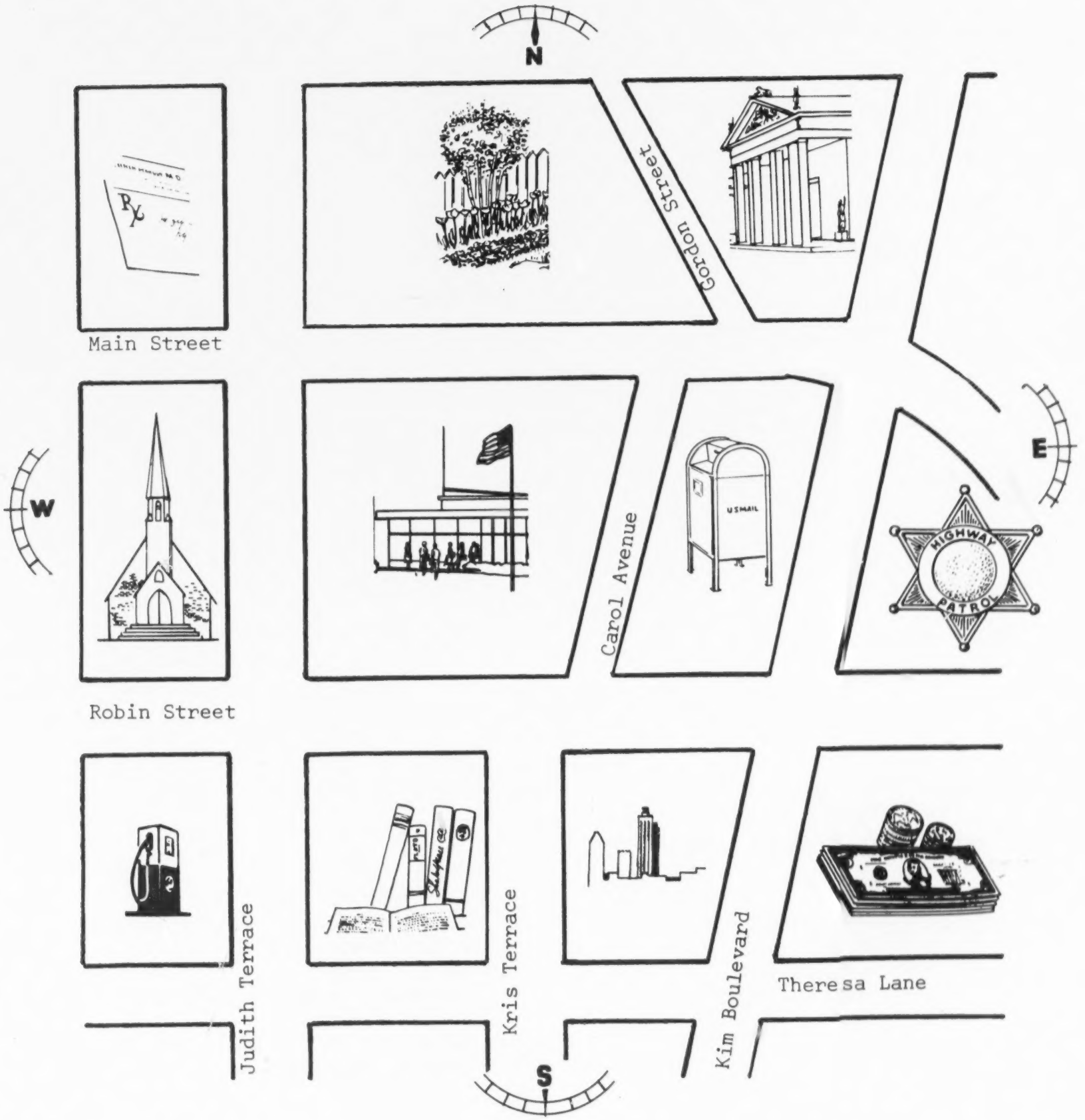
NOTES

ANSWERS TO LEARNING EXERCISE 16b

1. bank
   drug store
   main
2. north-south
3. north
4. Main Street
   Judith Terrace
   Robin Street
   Carol Avenue
5. Northeast on Kim Boulevard
6. Judith Terrace
7. Southwest on Kim Boulevard and west on Theresa Lane or Robin St.

LEARNING EXERCISE 16a

OUR NEIGHBORHOOD



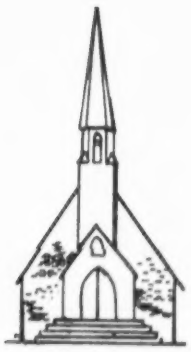
LEARNING EXERCISE 16a

OUR NEIGHBORHOOD-KEY

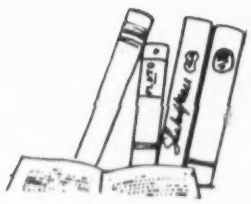
School

Post Office

Museum

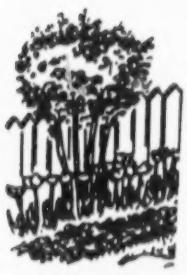


Church



Library

Police station



Park

Bank

Apartment building

Gas station

Drug store

LEARNING EXERCISE 16b

OUR NEIGHBORHOOD-QUIZ

Using the map and key on pages 36 and 37 answer the following questions.

1. Leaving the apartment building, you walk east on Theresa Lane, then northeast on Kim Boulevard, and stop at the _____ before reaching Robin Street. From there you go west on Robin Street to Judith Terrace, then north to the _____ where you pick up some medicine at the corner of _____ Street.

2. Kris Terrace runs in what direction?

3. The Park is directly _____ of the school.

4. The school is bounded by _____ on the north, _____ on the west, _____ on the south, and _____ on the east.

5. The most direct route from the bank to the east entrance of the museum is _____.

6. To the east of the church is _____ Terrace.

7. If the police received a call reporting a robbery at the gas station, the most direct way to get there would be _____.

LEARNING ACTIVITY 17: COMPLETING JOB APPLICATION FORMS

Reference: Curriculum Resource Handbook, p. 25-26, 42

OBJECTIVE

To be able to complete a common job application successfully

TECHNIQUE

Have students complete actual job application forms secured from local industries and employment agencies. Learning Exercise 17 is an example of a typical form. Learning Activity 18 is designed as a followup exercise.

EVALUATION

This activity can be evaluated by looking at each student's completed application and noting the degree of accuracy and neatness with which he has completed it.

NOTES

LEARNING EXERCISE 17

SAMPLE JOB APPLICATION FORM

ANSWER ALL QUESTIONS
COMPLETE BOTH SIDES

THE NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF BUSINESS MANAGEMENT AND PERSONNEL

PERSONAL HISTORY

FORM PB-41 (2/66)

EMPLOYEE'S NAME _____ TELEPHONE NO. _____
(Last) (First) (Middle Initial)

SOCIAL SECURITY
ADDRESS _____ ACCOUNT NO. ___ - ___ -
(Street) (City) (State) (Zip Code)

IN CASE OF EMERGENCY, NOTIFY

NAME _____

ADDRESS _____
(Street) (City) (State) (Zip Code)

RELATIONSHIP _____ TELEPHONE NO. _____

U. S. CITIZEN: ☐ YES ☐ NO

DATE OF BIRTH

MONTH	DAY	YEAR

MARITAL STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ WIDOWED

NO. OF DEPENDENTS:

THE NEW YORK LAW AGAINST DISCRIMINATION PROHIBITS DISCRIMINATION BECAUSE OF AGE.

VETERAN STATUS:
VETERAN: ☐
DISABLED VETERAN: ☐
NONVETERAN: ☐

ARMED FORCES SERVICE:
DATE OF ENTRY INTO ACTIVE SERVICE: ___/___/___
DATE OF DISCHARGE: ___/___/___
(mo. day yr.)

HONORABLE DISCHARGE ☐ YES ☐ NO

IF NOT HONORABLE, SPECIFY TYPE: _____

EXEMPT VOLUNTEER FIREMAN ☐ YES ☐ NO

LEARNING EXERCISE 17

SAMPLE JOB APPLICATION FORM

ANSWER THE FOLLOWING FIVE QUESTIONS BY CHECKING "YES" OR "NO". IF YOUR ANSWER TO ANY IS "YES", GIVE A DETAILED EXPLANATION BELOW.

HAVE YOU ANY PHYSICAL DEFECT, DISEASE, OR DISABILITY WHATSOEVER?	☐ YES ☐ NO	WERE YOU EVER DISMISSED FROM ANY PUBLIC OR PRIVATE EMPLOYMENT?	☐ YES ☐ NO
HAVE YOU EVER HAD EPILEPSY?	☐ YES ☐ NO	HAVE YOU EVER BEEN INDICTED FOR, ARRESTED FOR, OR CONVICTED OF ANY VIOLATION OF LAW EXCEPT MINOR TRAFFIC VIOLATIONS?	☐ YES ☐ NO
HAVE YOU EVER HAD ANY MENTAL OR NERVOUS DISEASE, OR BEEN A PATIENT IN AN INSTITUTION FOR THE TREATMENT OF SUCH DISEASE?	☐ YES ☐ NO		

REMARKS: _____

LEARNING EXERCISE 17

SAMPLE JOB APPLICATION FORM

EDUCATION	NAME OF SCHOOL AND LOCATION	ATTENDED FROM - Mo.	Yr.	TO Mo.	Yr.	YEARS COMPLETED	DID YOU GRADUATE?	MAJOR SUBJECT	DEGREE RECEIVED
ELEMENTARY SCHOOL								XXXXX	XXXXX
HIGH SCHOOL									XXXXX
COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL									
OTHER SCHOOLS OR SPECIAL COURSES									

CERTIFICATES	PROFESSIONAL LICENSES
TITLE _____	TITLE _____
ISSUED BY _____	ISSUED BY _____
EXPIRES _____	EXPIRES _____

LEARNING EXERCISE 17

SAMPLE JOB APPLICATION FORM

EXPERIENCE NAME, ADDRESS, AND BUSINESS OF EMPLOYER AND NAME OF SUPERVISOR	MONTHLY SALARY	EMPLOYED FROM – TO		TITLE AND DUTIES OF YOUR POSITION
		Mo. Yr.	Mo. Yr.	
NAME _____ ADDRESS _____ BUSINESS _____ SUPERVISOR _____				
NAME _____ ADDRESS _____ BUSINESS _____ SUPERVISOR _____				
NAME _____ ADDRESS _____ BUSINESS _____ SUPERVISOR _____				
NAME _____ ADDRESS _____ BUSINESS _____ SUPERVISOR _____				

PROFESSIONAL AFFILIATIONS NAME OF ORGANIZATION	DATE OF MEMBERSHIP		OFFICES HELD
	FROM	TO	

DATE _____ SIGNATURE _____

LEARNING ACTIVITY 18: WRITING AN APPLICATION PARAGRAPH

Reference: Curriculum Resource Handbook, pp. 25-26

OBJECTIVE

To write a model paragraph stating one's reasons for wanting a particular job.

TECHNIQUE

Display a transparency of Learning Exercise 18 on the overhead projector, being sure to cover paragraph No. 2. Ask a student to read paragraph No. 1 aloud. Then ask the group:

> *If you were a personnel director reviewing applications for an electrician apprentice position, would you hire the person who wrote this letter?*

After discussion about what is wrong with No. 1, expose No. 2 and ask the same student to read it aloud. Discuss with the class why No. 2 is a better paragraph than No. 1. After completion of the discussion, have students prepare a paragraph of their own that would serve as a model to be used when they fill out applications. Leave Learning Exercise 18 displayed on the screen to serve as a reference while students are writing. When they finish, have them get together in small groups to evaluate and correct one another's paragraphs.

Direct students to copy their completed, corrected paragraphs on a 3 x 5 card to carry with them along with the other information suggested on page 25 of the Curriculum Resource Handbook.

EVALUATION

The student should produce a neat, clearly written paragraph about the reasons he wants a job. The letter should be generally written so that it can be adapted to most standard applications.

NOTES

LEARNING EXERCISE 18

SAMPLE PARAGRAPHS

No. 1

i want ajot at mason letric
cõuc i ~~hend~~ mason is a good
cumpany i also want ajot bad
so i can pay for school at
tekrical instatut. i realize that
my trainig is not great
and i cannot have any jot i want
but if im hired ill work hard
Lope you can use me

No. 2

I want a job at Mason Electric because I've heard that Mason is a good company. I also want a job so I can pay for some night courses at the Technical Institute. I realize that my training is not great, but if hired I'll work hard. I'm interested in electrical work and I hope you can use me.

LEARNING ACTIVITY 19: LICENSE REQUIREMENT FORMS

Reference: Curriculum Resource Handbook, p. 25, 42

OBJECTIVE

To be able to complete successfully all the necessary forms needed to secure a learner's permit, driver's license, and car registration.

TECHNIQUE

Assist students in filling out the forms necessary in the procurement of a driver's license. These forms appear on Learning Exercise 19a and 19b. It is recommended that filling out all these forms not be attempted in one session, or even in successive sessions, but spread over a longer time span. Some students may have to be supplied with more than one copy of some of these forms before they are able to fill them out neatly and correctly. Repeat technique for Application for Registration, Learning Exercise 19c.

EVALUATION

This activity can be evaluated by the success the student has in completing the various forms necessary to owning and driving a car.

NOTES

LEARNING EXERCISE 19a

LEARNER'S PERMIT REQUEST

MV-500 (4/70) **PART 1**

STATE OF NEW YORK — DEPARTMENT OF MOTOR VEHICLES

REQUEST FOR LEARNER'S PERMIT AND/OR ROAD TEST

INSTRUCTIONS

1. You must submit satisfactory proof of date of birth and proof of identification when you apply to take the Preliminary Tests.
2. No Learner's Permit will be issued and no appointment will be made for Road Tests until you have passed the Preliminary Tests (Written and Vision).
3. If your prior license was probationary and was revoked, you must take a written test. Check box below marked "Revokee".
4. Study the Driver's Manual. If you want a Class 1, 2, or 3 Chauffeur license, also study the Chauffeur Manual before you try to take the Written Tests.
5. Fill in the Preliminary Test Report (Form MV-500, Part 1) below checking the appropriate single or multiple-type license desired.
6. a. Applicants for a single class of license must complete one set of Notice to Applicant (Form MV-500, Part 2), Road Test Appointment Stub (Form MV-500, Part 3), and New York Learner's Permit (Form MV-500, Part 4).
   b. Applicants for a multiple-type license to drive a motorcycle and another type or class of vehicle must complete 2 sets of Form MV-500, Parts 2, 3, and 4.
   c. On all parts of Form MV-500, complete entries within heavy black lines, only.
7. Take the tests. If you have applied for a multiple-type license you may be required to take appropriate road tests for the motorcycle and for the other class or type of vehicle.
8. Application fee for all licenses is $2.00. Learner's Permit fee is $.50 for each permit desired.
9. Applicants who hold current Out-of-State licenses may complete the Application for Waiver of Road Test on the reverse. Waiver of a motorcycle road test may be granted only if a motorcycle road test was given in the former state of residence.

PART 1 **PRELIMINARY TESTS REPORT**

CHECK KIND OF EXAMINATION	
☐ REVOKEE	
☐ JR. OP.	☐ OPERATOR
☐ JR. OP.-MC.	☐ OP. - MC.
☐ JR. MC.	☐ MC.
☐ CHAUF. UNCL.	☐ CHAUF. UNCL. - MC.
☐ CHAUF. CL. 1	☐ CLASS 1-MC.
☐ CHAUF. CL. 2	☐ CLASS 2-MC.
☐ CHAUF. CL. 3	☐ CLASS 3-MC.

FIRST NAME	MIDDLE	LAST	
NUMBER AND STREET			
CITY OR POST OFFICE	STATE	COUNTY	ZIP CODE
DATE OF BIRTH MO. DAY YR.	HEIGHT FT. IN.	COLOR OF EYES	SEX

RESTRICTIONS: (For Office Use Only)

INFORMATION BELOW TO BE COMPLETED AT EXAMINATION					
TEST	APPLICANT'S SIGNATURE		EXAMINER'S SIGNATURE IF TEST IS PASSED		DATE
WRITTEN					
COLOR and VISION					
COLOR AND VISION TEST RESULTS	COLOR BLIND CHECK BOX ☐	If vision test is failed Examiner indicates best score.	Left	Right	Both

MV-500 (4/70) **PART 1**

LEARNING EXERCISE 19a

LEARNER'S PERMIT REQUEST

MV-500 (4/70) **PART 1**

State of New York — Department of Motor Vehicles

APPLICATION FOR WAIVER OF ROAD TEST

I request that the road test be waived based on my possession of the following current valid license:

☐ Operator ☐ Chauffeur ☐ Motorcycle ☐ Multi-type _____ (Specify)

The above license was issued by the State of _____

I certify that I am less than 65 years of age, that I was a permanent resident of the State in which the above license was issued at the time it was issued, and that I have not failed a road test for a New York State driver's license within the last year.

I understand that waiver of the road test is at the discretion of the Commissioner of Motor Vehicles.

Date	Applicant Sign Name in Full — Do Not Print

IF YOU KNOWINGLY MAKE A FALSE STATEMENT IN THIS APPLICATION YOU COMMIT A MISDEMEANOR

State of New York — Department of Motor Vehicles

APPOINTMENT CARD

Date of Tests	Tests to be held at:
Time of Tests	

You have been scheduled for Preliminary Tests as indicated above.

YOU MUST BRING THIS CARD, PROOF OF YOUR EXACT DATE OF BIRTH, AND PROOF OF IDENTIFICATION WITH YOU TO THE TEST. NO TEST WILL BE GIVEN WITHOUT THESE ITEMS.

It is important that you study the Driver's Manual that was given to you. Learning the information which it contains will not only increase your chances for passing the written test the first time but will enable you to become a safe driver. Your life may depend on this.

Our job is to help you obtain a license. You can assist us and yourself by preparing yourself properly for the test and by bringing all documents completed as required. Thank you for your cooperation.

MV-500 (4/70) **PART 1**

LEARNING EXERCISE 19a

LEARNER'S PERMIT REQUEST

MV-500 (12/70) Part 1 State of New York - Department of Motor Vehicles

REQUEST FOR LEARNER'S PERMIT and/or ROAD TEST

Application fee for all licenses: $ 2.00
Learner Permits: $ .50 (fifty cents) each

INSTRUCTIONS

1. Fill in the reverse side of this form.
2. Study the Driver's Manual. If you want a Chauffeur license, also study the Chauffeur Manual.
3. If you are applying for a multiple-type license, you may be taking a written test for each type.
4. When you appear for the Written and Vision Tests you must have:
   A. All forms.
   B. Acceptable proof of Date of Birth.
   C. Proof of Identification.

NO TESTS WILL BE GIVEN WITHOUT THESE ITEMS

MV-500 (12/70) PART 1

First Name | Middle | Last

Number and Street

City or Post Office | County | State | ZIP Code

Date of Birth (Mo. Day Yr.) | Height (Ft. In.) | Sex | Color of Eyes

Check License Desired:

- ☐ JR. OPERATOR
- ☐ OPERATOR
- ☐ JR. OP. • MC.
- ☐ OP. • MC.
- ☐ JR. MOTORCYCLE
- ☐ MOTORCYCLE
- ☐ CHAUF. UNCL.
- ☐ CHAUF. UNCL. MOTORCYCLE
- ☐ CHAUF. CL. 1
- ☐ CLASS 1 • MC.
- ☐ CHAUF. CL. 2
- ☐ CLASS 2 • MC.
- ☐ CHAUF. CL. 3
- ☐ CLASS 3 • MC.

You have been scheduled for Written and Vision Tests as indicated below:

LOCATION OF TESTS | DATE | TIME

APPLICANT'S SIGNATURE (After Tests) | EXAMINER'S SIGNATURE (If Passed)

RESTRICTIONS:

LEARNING EXERCISE 19b

MV-44T (2/71)

APPLICATION FOR DRIVER'S LICENSE

Follow the instructions in the box below for the type of license you want.

LEARNER'S PERMIT OR ORIGINAL LICENSE

1. Make appointment for the written test only by mail or in person.
2. Study the Driver's Manual.
3. Present proof of exact date of birth and proof of identity.
4. Complete and sign this application, and all parts of Form MV-500.
5. Take and pass the vision, written and road sign tests.
6. If you are under 18 years old and are applying for a Junior Learner's Permit or Junior License, you must have your parent or guardian's consent notarized on this form. (See item A on page 4)
7. The application fee of $2 must be paid.
8. An additional fee of 50 cents must be paid if a learner's permit is desired.
9. When making an appointment for a road test, submit proof of completing the Motor Vehicle 3 hour classroom training course (Form MV-278), or Driver Education Blue Card (Form MV-285).
10. You must take and pass a road test for each type of license for which you are applying.
11. The license fee for an operator's license is $3 payable when you receive your preprinted license application in the mail after passing the road tests; the fee for a chauffeur's license is $6.

DUPLICATE —

To replace a lost, destroyed or mutilated license:

1. Complete and sign this application. Your name, date of birth, and sex must be entered exactly as they were on your last license.
2. If you have mutilated license stubs, submit them with this application.
3. If you apply in person, submit proof of identity.
4. The fee is $3.

AMENDMENT —

To make changes in your present license:

1. Complete this application using the new information, and sign on page 4.
2. Submit both parts of your present license.
3. Submit proof of the change to be made, except for name change because of marriage, divorce or annulment.
4. The fee to remove a restriction is $1.

   The fee to change from operator to chauffeur license is $6.

   The fee to change from chauffeur to operator license is $3.

RECIPROCITY —

If you have an out-of-state or military license and are applying for a New York State license:

1. Complete and sign this application.
2. Study the New York State Driver's Manual.
3. Take and pass the written and vision tests.
4. Take and pass a road test unless the requirement for such is waived.
5. Submit your out-of-state or military license.
6. The total fee is $5 for an operator's license; $8 for a chauffeur's license.

TO RENEW YOUR PRESENT LICENSE

1. Complete and sign this application only if:
   a. You did not receive your preprinted license renewal in the mail, or
   b. The preprinted application you received in the mail was incorrect, or
   c. You lost the preprinted application.
2. Submit your present renewal stub, if available.
3. Pass the vision test given at the Motor Vehicle Issuing Office, or submit Form MV-619 from your physician, ophthalmologist, occulist or optometrist.

   The exam must be taken within the last 6 months of the date you are renewing the license.
4. The renewal fee is $3 for an operator's license; $6 for a chauffeur's license.

MAKE ALL CHECKS PAYABLE TO THE COMMISSIONER OF MOTOR VEHICLES.
DO NOT MAIL CASH OR STAMPS.

Any person making a false statement in this request for a license, or in any proof or statement in connection therewith, or who shall deceive or substitute, or cause another to deceive or substitute in connection with any examination hereunder, shall be guilty of a misdemeanor, punishable by a fine of $100, or imprisonment for 30 days, or both, and by revocation of license. You are instructed to report to the Commissioner of Motor Vehicles any person demanding money other than the regular fee for a license. Any person attempting to bribe, or any person bribing an employee will be prosecuted to the full extent of the law.

PROOF OF DATE OF BIRTH AND IDENTITY

Some examples of proof of date of birth are:

- Birth certificate
- Baptismal certificate
- Passport
- Draft card
- Armed Service ID card
- Insurance policy in effect more than 3 years.

Proof of identity must have your signature to be acceptable. Some examples of proof of identity are:

- College or University Registration Card
- Passport
- A previous driver's license or learner's permit
- Selective Service Card
- Unemployment Insurance booklet.

PRE-LICENSING CLASSROOM TRAINING INFORMATION

Pre-licensing classroom training is required of all applicants for New York State driver licenses who must take a road test.

The classroom training requirement can be met in one of four ways:

1. By attending a three-hour course offered at many public and private high schools, both during the day and in evening adult education courses, and earning a Classroom Training Completion Certificate (Form MV-278).
2. By attending a three-hour course offered by commercial driving schools and earning a Classroom Training Completion Certificate (Form MV-278).
3. By completing an approved high school driver education course and receiving a "Blue Card" (Form MV-285).
4. By completing enough time in an approved high school driver education course to qualify for the issuance of a Classroom Training Completion Certificate (Form MV-278).

The Classroom Training Completion Certificates (Form MV-278) are valid for one year after issuance. A "Blue Card" is acceptable for 2 years from date of issuance.

If a fee is charged for the three-hour classroom training, the maximum fee permitted is $5.00.

The Classroom Training Completion Certificate or a "Blue Card" must be presented at the time the appointment for the road test is made.

LEARNING EXERCISE 19b

MV-44T (2/71) State of New York – Department of Motor Vehicles Page 3

APPLICATION FOR DRIVER'S LICENSE

PLEASE PRINT WITH BLUE OR BLACK INK IN WHITE SPACES AT ARROWS.

1 Last Name First Middle Initial

NM

2 Date of Birth Month Day Year Sex M F

BS

3 Number and Street (Mailing Address)

ST

4 City or Town State ZIP Code

CT

5 County of Residence Legal Address if different from Mailing Address

CY

6 Has your address changed since your last license was issued? ☐ Yes ☐ No

7 Height Eye Color Med. or Psych. Restriction Stamps

PD M P

RS

8 If you are presently a licensed New York driver, enter the motorist identification number exactly as it appears on your license.

MI

TO AMEND YOUR LICENSE, FILL IN THIS SECTION

(a) For a change of name, print former name exactly as it appears on your present license.

Last Name First Middle Initial

(b) For a change of license type. FROM: _____

TO: _____

(c) To remove the following restriction _____

(d) To add the following restriction _____

(e) If other than above, give change and reason _____

PROOF SUBMITTED

Misc. Stamps

THIS COLUMN FOR OFFICE USE ONLY

RECIPROCITY LRC
AMEND LAM
RENEWAL LRN
DUPLICATE LDP
NON REC'D ORIGINAL LNO
ORIGINAL LIS

LT OPERATOR 10
CHAUF CLASS 1 21
CHAUF CLASS 2 22
CHAUF CLASS 3 23
UNCLASSIFIED 24
MOTORCYCLE 30
JR OPERATOR 40
JR MOTORCYCLE 50

Pending No.

Learner's Permit No.

Fee

Expiration Date of License Issued

Approved by

Date

Stop Reason

Cashier Signature

LEARNING EXERCISE 19b

ANSWER ALL QUESTIONS WHICH APPLY TO YOU.

A

Learner's Permit or Original for persons under 18 years old.

NOTARIZED CONSENT OF PARENT OR GUARDIAN

I am the parent or guardian of the applicant named and hereby I consent to the issuance of a permit or license to said applicant.

Signature of Parent or Guardian _____ Relationship to Applicant _____ Date _____

State of New York, County of _____ SS:

City of _____ On this _____ Day of _____, 19_____

before me personally came _____
(name of parent or guardian)

to me known and known to me to be the person described in and who executed the foregoing consent, and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public or Commissioner of Deeds _____ My Commission Expires on _____

B

All applicants must answer all questions in this section.

For a duplicate, renewal or amended license have the conditions mentioned below occurred since your last license was issued? For an original or reciprocity license have the conditions mentioned ever occurred?

	WRITE YES or NO
1. Have you had or been treated for a convulsive disorder, epilepsy, fainting or dizzy spells, or any condition which caused unconsciousness?	
2. Have you been treated for a heart ailment?	
3. Have you had any mental illness for which you have been confined to any hospital or institution?	
4. Have you been confined to an institution or received treatment for narcotics addiction?	

If you answered "yes" to questions 1, 2, 3 or 4 above, get Form MV-80 and follow the instructions on that form.

	WRITE YES or NO
5. Have you been found guilty of ANY crime, offense or traffic infraction (except parking violations), or forfeited bail in any court either in this state or elsewhere?	

If yes, give details below:

Date	Crime, Infraction, Offense	Court and Location

	WRITE YES or NO
6. Do you have any physical disability or have you suffered the loss of, or the loss of the use of a leg, hand foot or eye? If yes, give details below.	
7. Have you ever had a license, permit, or license privilege to operate a motor vehicle refused, suspended, revoked or cancelled, or an application for a Driver's License denied in this state or elsewhere?	

If yes, give reasons below. If accident was involved give date and place.

8. Have you operated a vehicle while under suspension or revocation?

If yes, give the most recent date of such operation.

Give details with dates here:

C

Reciprocity

I request that the road test be waived based on my possession of the following current out-of-state or military license; if not current, license is within one year of expiration date.

☐ Operator ☐ Chauffeur ☐ Motorcycle ☐ Multi-type _____ (Specify)

This license was issued by the State of _____ Driver License No. _____ Expiration Date _____

I certify that I am under 65 years of age, I was a permanent resident of the State in which the above license was issued at the time it was issued, the above license has been in effect for at least 6 months, and that I have not failed a road test for a New York State driver's license within the past 12 months. I understand that the waiver of the road test is at the discretion of the Commissioner of Motor Vehicles.

D

All Licenses

I, the undersigned, state that the information I have given in the foregoing application is true to the best of my knowledge and belief.

In the event of a duplicate license, I certify that I am the holder of a currently valid or renewable New York State Driver's License that is not presently under suspension or revocation and that this license has been lost, mutilated or destroyed. If the lost license is found after the duplicate license has been issued, I will surrender the lost license to the Department of Motor Vehicles and advise that a duplicate has been issued.

SIGN HERE X _____
Sign Name in full — A married woman must use her own first name.

THIS BOX FOR OFFICE USE ONLY — Applicant must sign in the presence of each examiner.

	Applicant's Signature	Examiner's Signature if Pass	Date
Written Test			
Road Sign Test			
Vision & Coior			

LEARNING EXERCISE 19c

MV-82T (3/71) State of New York — Department of Motor Vehicles

APPLICATION FOR REGISTRATION — INSTRUCTIONS

REQUIREMENTS — READ THE BOX BELOW WHICH APPLIES TO YOU.

TO REGISTER YOUR VEHICLE, THE FOLLOWING ARE NECESSARY:

1. Application for Registration completely filled out.
2. Proof that you own the vehicle.
3. Proof of insurance.
4. Proof that the vehicle was inspected.
5. Sales tax clearance.
6. Proof of your identity and date of birth.
7. Proof of incorporation if this is not an individual or partnership registration.

TO REPLACE LOST, DESTROYED, OR MUTILATED REGISTRATION ITEMS YOU MUST SUBMIT:

1. Application for Registration completely filled out.
2. Your remaining registration stubs.
3. If one plate is lost, the remaining plate.
4. If both plates are lost, the Report of Lost or Stolen Plates (from the police agency) and proof of insurance.
5. Proof of identity for in-person transactions.

TO AMEND YOUR REGISTRATION THE FOLLOWING ARE NECESSARY:

1. Application for Registration completely filled out.
2. Your present registration stubs.
3. If this is for a change in name, vehicle year, class, vehicle identification number, or partnership, the following are needed:
   a. proof of insurance
   b. proof of the change to be made.

TO TRANSFER PLATES TO ANOTHER VEHICLE, YOU MUST SUBMIT:

1. Application for Registration completely filled out.
2. Proof that you own the vehicle.
3. Proof of insurance.
4. Proof that the vehicle was inspected.
5. Sales tax clearance.
6. Registration Certificate showing disposition of first vehicle, or both registration stubs if you keep the first vehicle.

TO RENEW THE SAME VEHICLE YOU LAST REGISTERED:

1. Application for Registration completely filled out if:
   a. you did not receive a preprinted registration application in the mail.
   b. the preprinted application you received in the mail was incorrect.
   c. you lost the preprinted application.
2. Your present registration renewal stub.
3. If you are renewing after the expiration date of your registration, submit proof of insurance.

ACCEPTABLE PROOFS

A. THE FOLLOWING ARE ACCEPTABLE PROOFS OF OWNERSHIP

1. A manufacturer's statement of origin must be submitted for all new vehicles registered.
2. A dealer's Certificate of Sale (MV-50) issued by a registered New York State dealer, or
3. A New York State registration which on the back shows a transfer to you by the registered owner, or
4. If the vehicle was purchased from an out-of-State source:
   a. Certificate of Title in your name or indicating transfer to you (title state).
   b. A certificate of registration in your name or indicating transfer to you (non-title state).
   c. If purchased from an out-of-State dealer (non-title state), you need a notarized bill of sale and a certification from the motor vehicle authority of that state that the dealer is a licensed or registered dealer.
5. Other proofs of ownership such as an auctioneer's bill of sale, transfer of a deceased person's property, leased vehicles, etc., require special handling. Obtain information on these from any Motor Vehicle issuing office.

B. PROOF OF INSURANCE

1. You will need a current FS or FH form in your name from your insurance company. Policies are not acceptable.
2. Your agent or broker will advise you further on your insurance items.

C. PROOF OF INSPECTION

1. The Certificate of Sale (MV-50) from a New York State dealer shows inspection.
2. New York State registration stubs may show inspection on reverse side.
3. All privately sold used vehicles must be reinspected upon sale or transfer. A ten-day extension period may be requested for an original registration or transfer of plates to another vehicle, except omnibus.

D. PROOF OF SALES TAX CLEARANCE

All vehicles being registered for the first time require proof that the sales tax has been paid. Form ST-176 may be obtained at most Motor Vehicle Offices or from the Department of Taxation and Finance. However, Form ST-176 is not needed if you purchased the vehicle from a registered New York State dealer (the MV-50 shows sales tax paid).

E. PROOF OF IDENTITY AND DATE OF BIRTH

1. Proof of identity must have your signature to be acceptable. Some samples are:
   a. Social Security Card
   b. Library Card
   c. Selective Service Card
   d. Passport
2. Some samples of acceptable proof of date of birth are:
   a. Birth Certificate
   b. Baptismal Certificate
   c. Selective Service Card
   d. School certificate signed by the principal, or principal's assistant
   e. Motor vehicle driver's license

LEARNING EXERCISE 19c

MV-82T (3-71)

SAMPLE APPLICATION

USE YOUR FULL FIRST NAME, NOT INITIAL. A MARRIED WOMAN MUST USE HER OWN FIRST NAME.

GIVE YOUR EXACT DATE OF BIRTH

YOUR LEGAL ADDRESS IS REQUIRED IF DIFFERENT FROM YOUR MAILING ADDRESS.

USE THE NAME OF YOUR INSURANCE COMPANY, NOT THE AGENT OR BROKER.

FOR A PASSENGER VEHICLE, FILL IN VEHICLE WEIGHT.

FOR A COMMERCIAL VEHICLE, FILL IN VEHICLE WEIGHT, MAXIMUM GROSS WEIGHT, AND MAXIMUM LOAD.

FOR A BUS OR TAXI, FILL IN SEATING CAPACITY.

INDICATE WHETHER VEHICLE WAS REGISTERED AS PASSENGER, COMMERCIAL, ETC.

THESE BOXES TO BE FILLED IN ONLY IF THIS IS A PARTNERSHIP OR JOINT OWNERSHIP REGISTRATION.

MV-82T (3-71) State of New York – Department of Motor Vehicles Page 3

APPLICATION FOR REGISTRATION

PLEASE PRINT WITH BLUE OR BLACK INK IN WHITE SPACES AT ARROWS.

THIS COLUMN FOR OFFICE USE ONLY

STOP REASON

CASHIER SIGNATURE

PARTNER CHANGE RPC

RENEWAL DIFF VEHICLE RNV

CLASS CHANGE RCC

DUPLICATE RDP

PLATE EXCHANGE REX

RENEW RRN RNL

AMEND RAM

REREG RRG RRQ RRL RQL

ORIGINAL RGO

Fee Paid

GR NF EX AF BV SV TR RE CB

Last Name: Smith First: Robert Middle Initial: S

NM

CN

1 Date of Birth: Month 10 Day 4 Year 39 Sex ✓

BS

2 Number and Street (Mailing Address): 123 Main Street

ST

3 City or Town: Albany State: NY ZIP Code: 12209

CT

4 County of Residence: Albany Legal Address (If Different)

CY

5 Insurance Company: XYZ Casualty Co Policy Number: 1764308

6 Employer and Business Address: Smith + Son, Pine St, Albany, NY

SUPPLY THE FOLLOWING INFORMATION FOR THE VEHICLE YOU ARE REGISTERING.

7 Vehicle Year: 68 Make: Ford Body Type: Sedan Color: Blue Vehicle Weight: 3067

VD

8 Type of Power: ✓ Gas Diesel Electric Cylinders: 8 Maximum Gross Weight

FC

9 Vehicle Identification Number: 36245781K11094 Maximum Load

VI

10 Seating Capacity

FOR A DUPLICATE, OR TO TRANSFER N. Y. PLATES, FILL IN LINE 11.

11 Expiration Date (Month & Year) Your Present N. Y. Plate No. Class of Vehicle

FOR A PARTNERSHIP REGISTRATION FILL IN LINES 12 & 13.

12 Co-Owner's Last Name First Middle Initial

N2

13 Date of Birth Month Day Year Sex M F

B2

RN RC XD NR NC OF

Inspection Date Station No.

APPROVED BY

DATE

PLEASE COMPLETE FORM AND SIGN ON OTHER SIDE (PAGE 4)

PAYMENT FOR REGISTRATION:

Make checks or money orders payable to the Commissioner of Motor Vehicles. Do not mail cash. Stamps or third party checks are unacceptable.

Checks from an out-of-State bank which are in excess of $100 must be certified. All checks in excess of $500 must be certified.

BE SURE TO SIGN THIS APPLICATION AT THE BOTTOM OF PAGE 4.

1. A married woman must sign her own first name.
2. Both signatures are required if there are two owners. If more than two owners, submit partnership or joint ownership statement (Form MV-83T obtained from any Motor Vehicle issuing office).
3. A business or trade name is not acceptable. Sign only name(s) of the owner(s).
4. Registration for a corporation must be signed by an officer or person authorized by power of attorney on file with the Commissioner of Motor Vehicles.
5. Registration for a professional corporation must be signed by a member of the corporation.

LEARNING EXERCISE 19c

MV-82T (3/71)

State of New York — Department of Motor Vehicles

Page 3

APPLICATION FOR REGISTRATION

PLEASE PRINT WITH BLUE OR BLACK INK IN WHITE SPACES AT ARROWS.

1. Last Name / First / Middle Initial

NM

CN

2. Date of Birth — Month / Day / Year — Sex M F

BS

3. Number and Street (Mailing Address)

ST

4. City or Town / State / ZIP Code

CT

5. County of Residence | Legal Address if Different

CY

6. Insurance Company | Policy Number

7. Employer and Business Address

SUPPLY THE FOLLOWING INFORMATION FOR THE VEHICLE YOU ARE REGISTERING.

8. Vehicle Year | Make | Body Type | Color | Vehicle Weight

VD

9. FC — Type of Power: ☐ Gas ☐ Diesel ☐ Electric | Cylinders | Maximum Gross Weight

10. Vehicle Identification Number | Maximum Load

VI | Seating Capacity

FOR A DUPLICATE, OR TO TRANSFER N. Y. PLATES, FILL IN LINE 11.

11. Expiration Date (Month & Year) | Your Present N. Y. Plate No. | Class of Vehicle

FOR A PARTNERSHIP REGISTRATION FILL IN LINES 12 & 13.

12. Co-Owner's Last Name / First / Middle Initial

N2

13. Date of Birth — Month / Day / Year — Sex M F

B2

PLEASE COMPLETE FORM AND SIGN ON OTHER SIDE (PAGE 4)

THIS COLUMN FOR OFFICE USE ONLY
STOP REASON
CASHIER SIGNATURE
PARTNER CHANGE **RPC**
RENEWAL DIFF VEHICLE **RNV**
CLASS CHANGE **RCC**
DUPLICATE **RDP**
PLATE EXCHANGE **REX**
RENEW **RRN** **RNL**
AMEND **RAM**
REREG **RRG** **RRQ** **RRL** **RQL**
ORIGINAL **RGO**
Fee Paid
GR NF EX AF BV SV TR RE FB
RN
RC
XD
Sticker Number
NR
NC
OF
Inspection Date / Station No.
APPROVED BY
DATE

LEARNING EXERCISE 19c

FILL OUT ALL SECTIONS BELOW WHICH APPLY TO YOU

A. TO CERTIFY THAT YOUR VEHICLE WAS INSPECTED FOR A DUPLICATE OR ORIGINAL REGISTRATION

I certify that this vehicle was inspected on _____ (Month) (Year) Certificate No. _____

Station No. _____

B. FOR REPLACEMENT OF REGISTRATION ITEMS

If you have lost any registration items or if they have been mutilated or destroyed, check below items which need to be replaced:

☐ Registration Certificate ☐ Renewal Stub ☐ Sticker ☐ Plate: Lost Plate Number _____ ☐ one plate ☐ both plates

C. TO AMEND YOUR REGISTRATION

For a name change print your former name exactly as it is on your present registration:

_____
Last First Middle Initial

For a change other than name, give the reason for the change:

D. FOR MEDICAL REGISTRATIONS ONLY

I hereby affirm that I hold an MD Degree and am currently licensed and registered as a practicing Doctor of Medicine as required by the State of New York, and have not applied for any other registration plate in the "MD" series for 19____.

New York State Medical License Number _____

E. FOR SPECIAL REGISTRATIONS ONLY

Have you been convicted for speeding, reckless or dangerous driving during the past 18 months? ☐ Yes ☐ No
Or has your driver's license been revoked during the past 18 months?

F. FOR RESTRICTED FARM VEHICLE REGISTRATIONS

	YES OR NO
Do you certify that this vehicle is used exclusively as a farm vehicle?	_____
Are the farms or portions of a farm operated by you as an individual?	_____
As a partnership?	_____
With some person, firm, association, or corporation?	_____

Explain _____

Location of farms or portions of a farm between which the vehicle is used _____

Route (or routes) and distance between farms or portions of a farm this vehicle will travel _____

G. FOR BOAT OR UTILITY TRAILER ONLY

I certify that this trailer is not used for business or commercial purposes and is not rented or leased to others. I have the following private passenger vehicle registered in N. Y. State in my name:

Year _____ Make _____ Plate No. _____ Exp. Date _____ Vehicle ID No. _____

H. CHECK ANY BOXES IN THIS SECTION WHICH APPLY FOR THIS VEHICLE

☐ It is used only as an agricultural truck. (Form MV-259F or MV-259F.1 must be attached.)

☐ It is used only in the transportation of household goods under I.C.C., or Dept. of Transportation Authority.

☐ It is under Dept of Transportation Authority.
Permit Number _____

☐ It is under Interstate Commerce Commission Authority.
I.C.C. Permit Number _____

☐ It is used exclusively as a tank vehicle in compliance with Section 378 of the Vehicle and Traffic Law. Form MV-269 must be attached (except in New York City).

☐ It is used exclusively as an ambulance.
Check if: ☐ Fee is charged for carrying passengers. ☐ Used as an invalid coach or hearse.

☐ It is under government ownership.

I. I CERTIFY THAT:

1. The information given on this application is true.
2. There are no unsatisfied judgments against me as a result of a motor vehicle accident.
3. The registration is not currently under suspension or revocation.
4. The vehicle is fully equipped in accordance with the requirements of the Vehicle and Traffic Law.
5. There are no outstanding orders against me under the Financial Security Act.
6. If required, Financial Security is currently in effect with the insurance company named on Page 3.
7. If a farm vehicle registration, the vehicle will not be operated on a public highway except on the routes indicated on this application.
8. If a passenger registration, passengers will not be carried for hire.

SIGN HERE X _____
Sign name in full. If not individual owner, give title.

THIS BOX FOR OFFICE USE ONLY

DOCUMENTS LISTED BELOW WERE SUBMITTED AS PROOF OF OWNERSHIP FOR THE VEHICLE:

☐ Title ☐ Manufacturer's Statement of Origin ☐ Bill of Sale — if out-of-State dealer, was certification filed? ☐ Yes ☐ No

☐ Certified Copy of title with letter of permission

Other: _____

_____ State _____ Plate Number _____

From (Name and Address)

PROOF WAS:
☐ Returned to Applicant
☐ Sent to Title Unit
Date
Examiner